
County: Dodge BEAVER DAM CARE CENTER 410 ROEDL COURT BEAVER DAM 53916 Phone: (920) 887-7191
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 115
Total Licensed Bed Capacity (12/31/00): 129
Number of Residents on 12/31/00: 92 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 90

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	39. 1 33. 7
Supp. Home Care-Household Services	No No	Developmental Disabilities	0. 0	Under 65	5. 4	More Than 4 Years	27. 2
Day Services	No	Mental'Illness (Org./Psy)	16. 3	65 - 74	13. 0		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	29. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 7	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 3	95 & 0ver	5. 4	Full-Time Equival	
Congregate Meals	No	Cancer	3. 3			Nursing Staff per 100	Resi dents
Home Delivered Meals	No	Fractures	17. 4		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	19. 6	65 & 0ver	94. 6	[
Transportation	Yes	Cerebrovascul ar	9. 8			RNs	8. 7
Referral Service	Yes	Di abetes	2. 2	Sex	%	LPNs	10. 0
Other Services	No	Respi ratory	4. 3			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	23. 9	Male	30. 4	Aides & Orderlies	30. 7
Mentally Ill	No			Female	69. 6		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No		****		100. 0		

Method of Reimbursement

		Medi (Ti tl			Medio (Title			0th	er	P	rivate	Pay		Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	11	100. 0	\$210.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	11	12. 0%
Skilled Care	0			52	83. 9	\$99. 89	2	100. 0	\$108.94	15		\$147.00	2		\$390.00	71	77. 2%
Intermedi ate				10	16. 1	\$82.94	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	10	10. 9%
Limited Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	11	100.0		62	100. 0		2	100.0		15	100.0		2	100.0		92	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ces	s, and Activities as of	12/31/00
beachs builing kepotering terrou				% N	leedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 0	Bathi ng	2. 2		59. 8	38. 0	92
Other Nursing Homes	0. 7	Dressi ng	20. 7		55. 4	23. 9	92
Acute Care Hospitals	83. 9	Transferri ng	22. 8		46. 7	30. 4	92
Psych. HospMR/DD Facilities	1.4	Toilet Use	26. 1		26. 1	47. 8	92
Rehabilitation Hospitals	0. 0	Eating	80. 4		16. 3	3. 3	92
Other Locations	1.4	************************************	******	******	: * * * * * * * * * * * * * * * * * * *	*********	********
Total Number of Admissions	143	Continence			Special Trea		_ %
Percent Discharges To:		Indwelling Or Extern		6. 5		Respiratory Care	0. 0
Private Home/No Home Health	21. 2	Occ/Freq. Incontinent		58 . 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	14. 4	Occ/Freq. Incontinent	t of Bowel	41. 3		Suctioning	0. 0
Other Nursing Homes	10. 3				Recei vi ng	Ostomy Care	1. 1
Acute Care Hospitals	6. 8	Mobility				Tube Feeding	1. 1
Psych. HospMR/DD Facilities	1.4	Physically Restraine	d	0. 0	Recei vi ng	Mechanically Altered I	Di ets 30.4
Reĥabilitation Hospitals	0. 0						
Other Locations	11.6	Skin Care		(ther Reside	ent Characteristics	
Deaths	34. 2	With Pressure Sores		0. 0	Have Advar	ice Directives	91. 3
Total Number of Discharges		With Rashes		0.0 N	Ædi cati ons		
(Including Deaths)	146				Recei vi ng	Psychoactive Drugs	13. 0
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	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	Thi s	This Proprietary		100-	199	Ski l	l ed	Al l	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69. 8	83. 7	0.83	86. 4	0. 81	87. 0	0.80	84. 5	0.83
Current Residents from In-County	92. 4	75. 1	1. 23	79. 8	1. 16	69. 3	1. 33	77. 5	1. 19
Admissions from In-County, Still Residing	21. 7	18. 7	1. 16	23. 8	0. 91	22. 3	0. 97	21. 5	1.01
Admissions/Average Daily Census	158. 9	152. 8	1. 04	109. 7	1.45	104. 1	1. 53	124. 3	1. 28
Discharges/Average Daily Census	162. 2	154. 5	1.05	112. 2	1.45	105. 4	1. 54	126. 1	1. 29
Discharges To Private Residence/Average Daily Census	57. 8	59. 1	0. 98	40. 9	1. 41	37. 2	1. 55	49. 9	1. 16
Residents Receiving Skilled Care	89. 1	90. 6	0. 98	90. 3	0. 99	87. 6	1. 02	83. 3	1.07
Residents Aged 65 and Older	94. 6	95. 0	0. 99	93. 9	1.01	93. 4	1. 01	87. 7	1.08
Title 19 (Médicaid) Funded Residents	67. 4	65. 4	1. 03	68. 7	0. 98	70. 7	0. 95	69. 0	0. 98
Private Pay Funded Residents	16. 3	23. 2	0. 70	23. 2	0. 70	22. 1	0.74	22. 6	0. 72
Developmentally Disabled Residents	0. 0	0.8	0.00	0.8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	16. 3	31.4	0. 52	37. 6	0.43	37. 4	0. 44	33. 3	0.49
General Medical Service Residents	23. 9	23. 2	1. 03	22. 2	1.08	21. 1	1. 13	18. 4	1. 30
Impaired ADL (Mean)	49. 6	48. 9	1. 01	49. 5	1.00	47. 0	1. 05	49. 4	1.00
Psychological Problems	13. 0	44. 1	0. 30	47. 0	0. 28	49. 6	0. 26	50. 1	0. 26
Nursing Care Required (Mean)	4. 1	6. 5	0. 62	7. 2	0. 57	7. 0	0. 58	7. 2	0. 57